POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Map*		*1/24/00*
O.I.P.E. CLASSIFIER		*21*	*2/9/00*
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

BEST AVAILABLE COPY

Claim		Date							
Final	Original								
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	2	✔							
	3	✔							
	4	✔							
	5	✔							
	6	N							
	7	O	✔						
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	10		✔						
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	14	✔	✔						
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If more than 150 claims or 10 actions
staple additional sheet here

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